Cherry Tree House
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79 North Road
Carrickfergus
BT38 7QZ

Inspector: Donna Rogan
Inspection ID: IN022068

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Unannounced Care Inspection
of
Cherry Tree House

14 March 2016

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 14 March 2016 from 10.00 to 15.00.

On the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern.

For the purposes of this report, the term 'patients' will be used, to describe those living in Cherry Tree Nursing and Residential Care Home, which provides both nursing, residential care.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection 16 October 2015.

1.2 Actions/Enforcement Resulting from this Inspection

Urgent actions or enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	1

The details of the Quality Improvement Plan (QIP) within this report were discussed with the manager, Emeliza Insauriga, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Dean Harron	**Registered Manager:** Emeliza Insauriga
Person in Charge of the Home at the Time of Inspection: Emeliza Insauriga	**Date Manager Registered:** Acting – no application required
Categories of Care: RC-A, NH-I, NH-PH, RC-I, NH-LD, RC-MP(E), RC-PH(E)	**Number of Registered Places:** 56
Number of Patients Accommodated on Day of Inspection: Total 52 32 Nursing 20 Residential	**Weekly Tariff at Time of Inspection:** £470.00 - £637.00

3. Inspection Focus

The inspection sought to determine if the following standard had been met:

- **Standard 23: Prevention of Pressure Damage**

The inspection also sought to assess progress with the issues raised during and since the previous inspection.

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report.

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. The inspector also met with approximately forty patients, six care staff, two nursing staff, ancillary staff and two patient's representatives.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- selection and recruitment
- four patient care records
- complaints records.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 16 October 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection 16 October 2015

Last Care Inspection Statutory Requirements		Validation of Compliance
Requirement 1 **Ref:** Regulation 12 (1) (a) and (b) **Stated:** Second time	The registered person must ensure that the care practice of staff and the care afforded to patients is in accordance with their assessed needs and wishes and as stated in their care plans.	**Met**
	Action taken as confirmed during the inspection: A review of four care records evidenced that the care practice of staff and care afforded to patients was in accordance with their assessed needs and wishes as stated in their care records.	

5.3 Standard 23 Prevention of Pressure Damage

A review of four patient care records confirmed that pressure damage risk assessments had been completed for all patients. There was evidence of individualised care plans for patients who were identified as having a high risk for pressure damage. A review of two care records of patients who had pressure ulcers confirmed that risk assessments and care plans were completed. Wound assessments were regularly completed and there was evidence of tissue viability nurse involvement, as deemed appropriate. Discussion with the manager and the review of care records confirmed that all Grade 2 pressure sores were reported to the Health and Social Care Trusts, in line with guidance and protocols.

One issue was discussed in relation to residential residents concerning the involvement of district nursing services in relation to the management of pressure ulcer/wound care. There was very little information in relation to the current state of pressure ulcers/wound care of residents who have their dressings tended to by district nurses from the relevant healthcare trusts. The manager states that often district nurses tend to their residents and do not provide sufficient information to the staff in the home of what care they delivered to patients or update staff as to the current state of their pressure ulcer/wound. The manager confirmed that district nursing staff maintain their own records which are not left in the home. A recommendation is made that the manager makes suitable arrangements to ensure that there is sufficient discussion with district nursing staff, and that care records are updated regarding the care delivered to patients in the home by any healthcare professional following their visit.

5.4 Additional Areas Examined

Care Records

The home had recently had their computerised system of care records updated. A review of four care records identified that risk assessments and care plans had been updated following admission and had been updated on the computerised system. All staff spoken with stated that they were getting used to the updated system and stated they felt knowledgeable regarding navigating the system.

Staffing

The review of duty rotas for nursing and care staff confirmed that staffing levels were in keeping with the planned staffing levels as discussed. Discussion with staff and manager confirmed that short notice absences were being managed in keeping with the home's protocol. The manager confirmed that there was now a full complement of staff employed in the home.

Selection and recruitment

The management of selection and recruitment of newly appointed staff was discussed with the manager and two files of recently appointed staff were reviewed. One was well managed in accordance with best practice and legislation. One file had two references in place; however, it did not have a reference from the most recent employer. This was discussed at length with the manager and the administrative team. It was confirmed it was an oversight and since the inspection RQIA have received confirmation that the appropriate reference has been received. A requirement is made that prior to any staff commencing employment in the home that the employment file is thoroughly checked by the registered persons to ensure they are fully satisfied that all information has been received and that they are satisfied that they can commence employment. Completed personnel files should be verified as complete signed by the registered persons.

Staff, patients and patients' representative comments

All comments made during the inspection were positive. Some comments made are detailed below:

Staff

All of the staff on duty at the time of inspection were spoken with.

- "Things are good, it much more settled here."
- "We all try to work together."
- "If I need anything I just go ask Emeliza."
- "Much more settled, lots of new staff."
- "Happy enough, I have no concerns."
- "Big changes have been for the better."
- "All is good."
- "The care is good there are very little complaints."
- "I like working here."

Patients

Approximately forty patients were spoken with. There were no concerns raised during this inspection.

- "Very happy and content here."
- "The staff are very attentive."
- "The food is good."
- "We are well entertained."

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- “We get regular choices.”
- “I have no worried here.”
- “I am happy and content here, I have been for a long time.”
- “If I need anything I just ask.”
- “No complaints.”
- “The staff are kind and I can talk to them if I need anything.”
- “Sure where is there a better place in Carrick.”

Patients’ representatives

Two relatives visiting at the time of the inspection raised no concerns and were very satisfied that their relatives were being well cared for.

Environment

A general tour of the home was undertaken which included review of a random sample of bedrooms, bathrooms, shower and toilet facilities, sluice rooms, storage rooms and communal areas. In general, the areas reviewed were found to be clean, reasonably tidy and decorated and the home was warm throughout.

Areas for Improvement

There was one requirement made in relation to the management of selection and recruitment.

One recommendation is made in relation to recording care delivered by district nursing services.

Number of Requirements:	**1**	**Number of Recommendations:**	**1**

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Emeliza Insauriga, manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements	
Requirement 1 **Ref:** Regulation 21 **Stated:** First time **To be Completed by:** 30 April 2016	The registered persons shall ensure that that prior to any staff commencing employment in the home that the employment file is thoroughly checked by the registered persons to ensure they are fully satisfied that all information has been received and that they are satisfied that they can commence employment. Completed personnel files should be verified as complete signed by the registered persons.
	Response by Registered Person(s) Detailing the Actions Taken: Home has been transferred ownership since 1st April 2016. The new employer has full policies and Proceduresin place in regards to recruitment.
Recommendations	
Recommendation 1 **Ref**: Standard 21 **Stated:** First time **To be Completed by:** 30 April 2016	The registered persons should make suitable arrangements to ensure that there is sufficient discussion with district nursing staff and that care records are updated regarding the care delivered to patients in the home by any healthcare professional following their visit.
	Response by Registered Person(s) Detailing the Actions Taken: Medical notes of Residents remain in there bedroom and are updated each visit by District Nurse. District Nurse advised must inform Senior Carer of any changes following visit.

Registered Manager Completing QIP	Josue Notarte (Deputy)	**Date Completed**	14/04/2016
Registered Person Approving QIP	Lesley Megarity	**Date Approved**	14.04.2016
RQIA Inspector Assessing Response	Donna Rogan	**Date Approved**	15/04/16

Please ensure this document is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address